The Ten Year Plan to Break the Cycle of Homelessness and Prevent Future Homelessness

1) Plan for Outcomes

The existing paradigm has been to manage homelessness. In order to *eradicate* chronic homelessness, there must a paradigm shift in dealing with this issue. The community must improve collection of data about the needs of the homeless in order to plan for outcomes that can actually end homelessness.

The City of San Antonio is exploring the use technology to increase the efficiency of our service delivery to the chronic homeless, those homeless for a short time, and the indigent. The City is determined to collect better data at the local level and to study that data in order to meet the needs of the chronic homeless and to develop outcomes that better address this sub-population's issues. The City of San Antonio is preparing a bid for the purchasing of a Homeless Management Information System (HMIS), and to assist programmers and designers as they seek to implement a system that is user friendly and comprehensive.

The proposed HMIS will provide the following information:

- Length of stay: The HMIS will calculate length of stay in program after the client has exited.
- Needs Needs, fully met, partially met and not met, which can be documented in the client's service transactions. Providers can demonstrate that they provided a service to meet the need, referred the client to another provider for service, or that the need remained unmet.
- Causes of homelessness -A system that tracks and lists a number of possible causes of homelessness. Some examples are:
 - o Addiction
 - o Aging out of foster care
 - o Domestic violence
 - o Mental illness
 - o Physical disability
 - o Gambling
 - o Unemployment/underemployment
- Interaction with mainstream programs The HMIS should allow documentation of mainstream programs in which the client is currently involved and also documents whether an application for mainstream resources has been completed and the outcome of the application if applicable.

- Effectiveness of interventions outcomes of case plans, goals and action steps put in place with case management should be documented in the HMIS.
- Population Count The HMIS should allow a provider to report the number of clients that received services over any date range selected. The report will break down the number of clients into race, age, and gender categories for single individuals and for persons in families with children.

The following are the objectives, strategies and action steps that COSA has identified as necessary to develop a comprehensive data collection tool:

Objective: Collect better data throughout the region.

Strategy: Implement & expand the use of the HMIS throughout the greater San Antonio area.

Action Steps:

- Require certification from all HUD Continuum of Care recipients that they will enter certain standard data required by COSA.
- o Require certification from all contractors to enter certain standard data required by COSA.
- Identify barriers and address issues that continue to prevent agencies, particularly state and federal mainstream agencies, from using the HMIS.
- Develop Memoranda Of Understandings (MOUs) with mainstream providers that lead to real time data collection regarding mainstream service delivery.

The system is anticipated to be fully in place over the course of the next three years, with an initial pilot group of 20 agencies using the system in January 2005, and 15 agencies coming online each of the remaining two years.

Objective: Plan for outcomes.

Strategy: Develop outcome measures and monitoring procedures to determine program effectiveness.

- o Develop monitoring tools and standards.
- o Monitor all Continuum of Care Homeless Assistance programs for effectiveness.
- o Determine HUD goals are being met.

Strategy: Expand outreach to build and strengthen relationships with chronic homeless and with community at large.

Action Steps:

- Expand CoC mobile outreach team and develop mobile crisis response team that includes mental health, addictive disorder, veterans and medical component, this includes recruiting and training 100 volunteer spotters for outreach.
- o Deliver sack lunch and other basic needs to street chronic homeless at least once a week.
- o Provide CoC emergency info cards to street homeless and those who come in contact with population.
- o Provide CoC pamphlets to homeless and those who serve them.
- Educate staff at hospitals and jails regarding info and referral to housing and services.
- o Allow for partial access of HMIS system to public to use an online directory of resources.

Strategy: Utilize HMIS reporting tools as a mechanism for service delivery design and implementation.

Action Steps:

- o Produce data on homeless recidivism and utilization of mainstream programs and services.
- o Measure outcomes of current discharge planning efforts.
- Identify percentage of population being released to homelessness from institutions (shelters/hospitals/jails/prisons/mental health institutions/treatment centers/ foster care systems).
- o Produce data on current request and utilization of homeless prevention (rent and utility assistance).
- o Coordinate project development throughout the region addressing identified gaps based on documented need.

2) Homelessness Prevention

COSA's focus on homeless prevention has seen real effort and much success. In the course of ten years, the Task Force will work to establish a trust for homeless issues. In order to do this, there will be a lobbying effort to authorize a tax on the sale of alcohol and tobacco. Also, a legislative agenda will be designed to pass a state law for special local fees.

Additionally, improvement in discharge planning in state hospitals and correction facilities are sought. The Texas Department of Mental Health and Mental Retardation (MHMR) and Texas Commission on Alcohol and Drug Abuse (TCADA) address homeless prevention through continuity of care policy; however, many times their clients fall through the cracks and end up homeless again. Emergency Shelter Grants (ESG) available from the balance of state and entitlement city funding do not require grantees to coordinate or collaborate on prevention efforts. Therefore funding is not coordinated to address prevention issues such as one-time or short-term rent or mortgage assistance or housing placement services throughout the community. Individual agencies utilize this funding to fill the gaps in their existing service delivery.

Another issue to be addressed in a long-term homeless prevention plan is the lack of comprehensive discharge planning from public treatment centers and correction facilities. While the MHMR has a continuity of care policy that addresses discharge, there is not tracking beyond delivery out of the public system. It is much the same with TCADA and within correction facilities with mental health components; however, virtually none of these facilities provide discharge planning to stable and decent permanent supportive housing. These clients then end up either back on the streets, in the hospitals or incarcerated.

CoC will seek to build relationships with public agencies and officials who set funding policy that can assist prevention efforts in this region. The leadership will meet with key public officials to ascertain CoC's role in directing the flow of prevention dollars in a collaborative and coordinated effort. The intent is to collaborate with the Emergency Food and Shelter Grant Board for coordination with the FEMA "Local Recipient Organizations" using the HMIS system so that appropriate referrals for rent and utility assistance are addressed. These funds will be matched with existing TANF grant funds to maximize prevention efforts.

Objective: Prevent homelessness through comprehensive strategies including early intervention and discharge planning.

Strategy: COSA will advocate for housing trust funds to expand housing for low-income and homeless individuals.

- Create a statewide advocacy coalition on homelessness comprised of membership of the various continuums in Texas.
- o Focus advocacy effort to authorize public levies to establish the trust.
- o Design a legislative agenda to pass a state law for special local fees.
- o CoC and Homeless Action Coalition will pursue the possibility of a merger.
- o Create a micro-lending program for the homeless.

Strategy: Improve 24-hour access to information and referral hotline coordinated through 2-1-1 that will direct clients to appropriate prevention resources.

Action Steps:

- Support development and implementation of 211 system (social service call line) by working with legislators to establish appropriate funding for 24-hour service.
- o Develop regimen of agency and staff training to assure appropriate information and referral knowledge exists in the community.
- o Identify at risk clients and link to prevention programs.
- o Provide ongoing community resources to support sustainability.
- Pursue prevention efforts at all food pantries throughout the region, utilizing messaging to alert information and referral experts in efforts to prevent homelessness.

Strategy: Increase linkage to permanent housing and services for persons leaving institutions and for the chronic homeless.

Action Steps:

- o Interact with leadership in public systems of care to establish multidisciplinary re-entry teams prior to discharge.
- Actively seek to collaborate with Emergency food and Shelter Grant local boards to coordinate prevention dollars.
- Utilize HOME funds available through participating jurisdictions to provide tenant-based rental assistance.
- o Provide symposium focusing on homeless prevention.
- o Create ex-offenders resource guides.
- o Initiate planning to coordinate discharge of chronically homeless with CoC's case management program or HMIS.
- Ensure that service agencies establishes case plans prior to discharge that includes selection of appropriate supportive housing and track services in HMIS to follow client beyond supportive housing placement.
- Facilitate creation and training for community-based teams to provide prevention services in targeted neighborhoods.
- o Ensure youth aging out of foster care have access to resources.
- o Increase number of respite beds and youth group homes available in the community.

Strategy: Continue to educate community, consumers and program staff regarding the legal rights of tenancy.

- Fair Housing Program will continue to provide staffing sessions regarding tenant rights.
- o CoC and Fair Housing Program will continue to provide information to landlords regarding special needs of the homeless.

3) Stabilization: Housing First

According to the National Alliance to End Homelessness (NAEH) plan to end homelessness, most people who become homeless enter and exit homelessness relatively quickly. Although there may be a shortage of affordable housing, many individuals cope with the shortage and find a place to live. A much smaller group of homeless people spends more time in the system utilizing more of the housing resources at a higher cost. Many chronically homeless individuals actually live in the system and use these resources and other public high cost resources such as hospitals and jails.

Objective: Assist those who are homeless to exit as quickly as possible through a housing first approach.

Strategy: Expand the availability of affordable permanent and supportive housing.

Action Steps:

- o Create 800 new permanent supportive housing units for persons with disabilities utilizing Homeless Assistance CoC over the next 10 years.
- Within 24 months, build/locate a minimum of 50 units of permanent supportive housing for the chronically homeless utilizing HOME funds.
- Continue to work with housing agencies and CoC members to facilitate additional housing subsidies for persons with disabilities who can live independently in market rate housing with appropriate supportive services.
- Develop additional safe haven units for those reluctant to enter the current system of care.
- o Address appropriate permanent supportive housing models to serve youth who are homeless.

COSA must also address housing availability in the short term by developing a housing placement service that can link households in interim housing with appropriate housing in the community. Current CoC members must be willing to seek new alternatives to the current managing homelessness approach. In moving to the Housing First model, it is critical to ensure that appropriate standards are in place all phases of housing (emergency, transitional and permanent housing) and that and that individuals are placed in suitable settings with the least restrictive environments possible. It is also crucial to work with shelter and transitional housing providers in the conversion to Housing First, assuring them of a place in the new housing and service delivery system.

Strategy: Improve access and coordination of affordable housing and services.

Action Steps:

- Rapidly re-house the homeless by instituting the Housing First Model for special homeless populations within the next 24 months.
- o Provide on-site support services to the chronic homeless living in permanent housing.
- Utilize existing housing stock owned by the City for affordable housing development with HOME and CDBG funds.
- o Secure ongoing public revenue streams dedicated to housing, such as the Housing Trust Fund and rental assistance programs.
- o Coordinate housing services through preventive case management.
- o Develop bridge funding for tenant-based rental assistance utilizing HOME funds.
- o Coordinate with the San Antonio Housing Authority and local homeless shelters to create a MOU that will facilitate rapid housing of clients while the agencies provide services that lead to self-sufficiency.

Strategy: Locate and access more affordable permanent housing units.

Action Steps:

o Increase access to public housing using the model proposed to the San Antonio Housing Authority.

4) Build the Infrastructure

COSA and the CoC believe that housing stability cannot be attained or maintained without the ability to access resources and supports that sustain the homeless in a time of crisis. Homeless individuals need appropriate health care that includes mental health and substance abuse treatment and they need income supports. For those who live in abject poverty with a frightening disease the need for services is intense and calls for totally integrated case management. The existing system is referral-based and the result is many times fragmented care. COSA is also evaluating the effectiveness of its current housing and service delivery system in serving homeless families and the chronic homeless. Currently, COSA facilities mix both populations together. The City's current strategy is to consolidate these populations in separate facilities to better serve the particular needs of each group.

Objective: Address housing, income and service needs of the homeless in San Antonio.

Strategy: Collaborate to provide seamless access to services. Case managers across agencies and systems work together to develop one plan of action for the client.

Action Steps:

- Each agency assures that the client attains goals as documented in the HMIS.
- o Utilize the HMIS to determine goal success and unmet need.
- o Provide the training necessary to build this team approach for the client.
- Combine aggressive street outreach with integrated systems of primary care, mental health and substance abuse services, case management, and client advocacy.
- o Increase access to public bathrooms.

Strategy: Periodically revise strategy for shelter infrastructure.

Action Steps:

- O Place current City properties offering homeless service on the market within the next three years (the Dwyer Center and the San Antonio Metropolitan Ministries shelter).
- o COSA will use proceeds from the sale to create more campus-like environments better suited to the needs of these populations.

The current system for determining food stamp eligibility is extremely complex and burdensome to both the recipient and the state. Health and Human Services Commission (HHSC) administrators report over-burdened staff, with caseloads that are increasingly unmanageable. Technologically and administratively restructuring the intake process in the Food Stamp program could improve the effectiveness by reducing the administrative burden and by improving access to benefits for those in need. This effort will be coordinated with the state's plan to establish call centers, as well as with the City's Leadership in Action Program, and food stamp outreach through delegate agency contracts.

The service delivery must also address income and employment. While many who are homeless get by and make due with little or no income, the provision of supports to access additional income and supported employment are necessary if we are to truly address ending homelessness. Attempts to change the system must also work within current transportation systems to assure access to services and to employment are met.

Strategy: CoC members will initiate a collaborative effort through the San Antonio Food Bank and other food pantries in the region to develop intake procedures.

- o Simplify the food stamp application and eligibility determination systems technologically and administratively.
- o Improve public access, awareness, and understanding of the food stamp program.
- Coordinate the efforts of private non-profit and for profit corporate entities within the region's local assistance programs to ensure a more seamless and accessible network of services.
- o Create four one-stop centers to provide services, including medical service and ID recovery. Instead of many agencies duplicating services, and only providing referrals, the one-stop center will function as a way for a homeless person to be informed of all services available to them.
- O Pilot program results as a model for implementation in all regions of Texas and potentially for other federal, state and local assistance programs.

Strategy: Strengthen the provision of integrated, coordinated supports through mainstream resources that are necessary for successful transitions to permanent supported housing.

Action Steps:

- Expand and integrate employment services to ensure a continuum of employment opportunities for the homeless.
- o Identify core services offered to homeless under Workforce Investment Act.
- o Connect to local group, Texas Workforce Advocates.
- o Perform gaps analysis to determine gaps in available mainstream employment services.
- o Expand availability of supported employment and vocational rehabilitation.
- Create expanded transportation services to increase employment opportunities.
- Expand availability of subsidized transportation options through MOU with local transit system to offer reduced rates for the homeless.
- Coordinate with the San Antonio Housing Authority and local homeless shelters to create a MOU that will facilitate rapid housing of clients while the agencies provide services that lead to self-sufficiency.

Objective: Inform and educate legislative and civic and authorities on issues related to homelessness and progress on the implementation of the 10 Year Plan to End Homelessness.

Strategy: Update public officials regularly utilizing multi-focal approach.

Action Steps:

- Designated Continuum of Care members will meet with two City Council and two County Commissioners per quarter to inform and update on the issues relating to homelessness.
- Send monthly emails with content provided by CoC members to public officials.
- Create and implement an annual "state of the community" focusing on homeless (and hunger) issues.

Objective: Inform and educate the general public on issues related to homelessness, prevention of homelessness and progress on the implementation of the 10 Year Plan.

Strategy: Create and launch a public awareness campaign.

Action Steps:

- Create a speakers bureau which could address a variety of civic, religious, and corporate groups.
- Run public service announcements regarding homelessness on public radio/TV once a week.
- o Develop one program on homelessness per month on Catholic TV.
- Open an art exhibit highlighting the homeless at one local university in conjunction with the Texas Homeless Network Conference.

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